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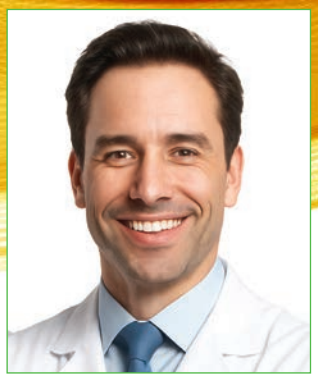

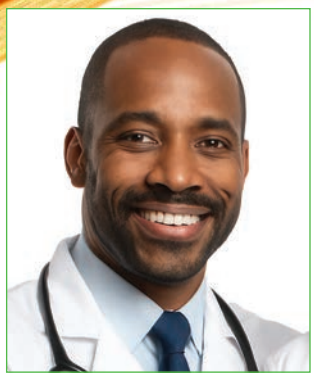

Featuring:

- Welcome to San Francisco
- Creating an impactful CV
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- Better ways to evaluate, negotiate employment contracts
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ACP's Career Connection 2026 Spring Career Guide

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Welcome to San Francisco

By Jeannie Teller

San Francisco, California, is a commercial, financial, and cultural center of Northern California, with an estimated population of 827,526 residents as of 2024. The U.S. Census Bureau reported an estimated population of 4,648,486 for the city's metropolitan statistical area (13th largest in the United States) and 9,164,058 residents for the larger combined statistical area (fifth largest).

A Brief History

For thousands of years before Spanish colonization, the Ohlone-speaking Yelamu tribe lived in a few small villages in the area that later became San Francisco. The first westerners to see the Bay were members of the 1769 Portolá expedition. On June 29, 1776, Juan Bautista de Anza marched north from San Diego with a settlement party to establish a Spanish presidio and mission, both named for St. Francis of Assisi. The city was first called Yerba Buena.

In 1821, Mexico won independence from Spain, and Spain ceded California to Mexico. The extensive California mission system gradually lost its influence during the period of Mexican rule, although it was not until 1833 that the missions would be secularized. The area remained a small trading and ranching community. Then on July 9, 1846, John B. Montgomery, a U.S. Navy captain, came ashore and raised the U.S. flag in Yerba Buena's plaza.

The California gold rush of 1849 brought rapid growth, making the city, now known as San Francisco, the largest city on the West Coast at that time. Although the 1906 earthquake and fire destroyed three quarters of the city, it was quickly rebuilt and hosted the Panama–Pacific International Exposition 9 years later. The Golden Gate Bridge and San Francisco–Oakland Bay Bridge were built in the 1930s.

San Francisco became an important military and shipping center during World War II. Beginning in the 1950s, San Francisco became a magnet for counterculture movements and later the gay rights movement. Another large earthquake hit the city in 1989.

San Francisco became a major technology hub through two transformative periods: the dot-com boom of the 1990s and the social media boom of the 2000s–2010s. Together, these eras reshaped the city's economy, culture, and global influence.

San Francisco's Neighborhoods

San Francisco comprises 89 neighborhoods. Downtown San Francisco is the heart of the city's business, culture, and urban life and includes the **Financial District, Union Square**, portions of **SoMa (South of Market),** and the **Embarcadero waterfront**.

Haight-Ashbury, where 1960s flower power blossomed, is a haven for vintage finds and 1960s nostalgia. **Haight-Ashbury, Mission Dolores, Noe Valley,** and **NoPa** contain many Victorian and Edwardian homes, multiunit apartment buildings, and condominiums.

Streets in **Alamo Square** and **Pacific Heights** neighborhoods are lined with some of the city's finest examples of Victorian architecture. Alamo Square Park, the neighborhood's focal point and namesake, consists of four city blocks at the top of a hill overlooking much of downtown San Francisco, with large and architecturally distinctive mansions along the perimeter, including the "Painted Ladies," which are often shown in the foreground of panoramic pictures of the city's downtown area.

San Francisco's oldest neighborhood, the Mission, features some of its newest restaurants and galleries. Latino culture and Dolores Park are among the most popular attractions. Visitors come here to admire the murals that adorn the walls of many buildings.

The Castro is the hub of LGBTQ+ culture in San Francisco and a popular spot to explore. Its vibrant and lively atmosphere make it a great destination to visit day or night.

North Beach does not have an actual beach but is known for its strong Italian American community and romantic European-style sidewalk cafes, restaurants, and shops centered near Washington Square along Columbus and Grant Avenues. The Saints Peter and Paul Church is a beloved landmark. Coit Tower, atop Telegraph Hill, offers a splendid vantage point for photos of the bridges and the Bay. Inside the tower, floor-to-ceiling murals painted in the 1930s depict scenes of early San Francisco.

San Francisco's **Chinatown** is North America's first and largest. The Dragon Gate, located at Grant Avenue and Bush Street, is the entrance to Chinatown. The Chinese Historical Society of America Museum and the Chinese Culture Center of San Francisco are located within the 24 blocks that make up this neighborhood.

Union Square is the place for serious shoppers. Major department stores and the most exclusive designer boutiques line the streets.

Japantown is San Francisco's historic foundation of Japanese and Japanese American culture, and its near neighbor, the Fillmore District, is the city's historic home for live jazz music.

Other neighborhoods in San Francisco include the **Lakeshore neighborhood** around Lake Merced, which was developed as a "model community" and offers single-family homes, apartments, and townhouses, and neighborhoods located on Mount Davidson, the city's highest hill, made up of single-family homes, such as **Sherwood Forest,** with street names from Robin Hood; **Westwood Highlands,** which was built to resemble an English village; **Miraloma Park**; and **Monterey Heights,** which features larger homes and yards. One-story homes dominate **Outer Parkside,** which was built in the 1930s and 1940s. **Buena Vista Park** homes are primarily single-family Edwardians and Victorians, with a few contemporary residences among them. The **St. Francis Wood neighborhood** was inspired by the City Beautiful movement; homes feature classical designs, views, and harmony with the surrounding environment. **Midtown Terrace** is located on the western slope of Twin Peaks and was designed as a planned community with single-family detached homes in 1957. **Lombard Street,** featuring eight sharp hairpin turns, is located in the Russian Hill neighborhood. This one-way, downhill street is surrounded by beautifully landscaped gardens and flowers.

Map of San Francisco neighborhoods from Adobe Stock

In addition to those fascinating neighborhoods, San Francisco offers other not-to-miss sites, including historic landmarks, parks, museums, performing arts venues, and sports stadiums.

1. Golden Gate Bridge https://www.parksconservancy.org/services/golden-gate-bridge-welcome-center Crossing the strait of the Golden Gate from San Francisco's Presidio to the Marin Headlands is the world-renowned Golden Gate Bridge, easily identified by its International Orange color, which was selected because it provided visibility in the fog for passing ships. Once called "The Bridge That Couldn't Be Built," today the Golden Gate Bridge is one of the Seven Wonders of the Modern World. The 1.7-mile long bridge is anchored by towers that reach 746 feet skyward and is supported by two cables—each more than 7,000 feet in length and containing 80,000 miles of wire. This magnificent span, perhaps San Francisco's most famous landmark, opened in 1937 after a 4-year struggle against relentless winds, fog, rock, and treacherous tides. The total cost of construction was $35 million.

2. Presidio of San Francisco https://presidio.gov/ The Presidio was decommissioned as a military base in 1995 and is now a national park under the management of the National Park Service and the Presidio Trust. The Presidio is widely known for its natural beauty, art, and culture. Spanning nearly 1,500 acres, the Presidio is consistently among the most visited national park sites. In addition to

Fort Point National Historic Site, eight monuments and memorials, and a public heritage gallery, the Presidio is home to The Walt Disney Family Museum https://www.waltdisney.org/, which is full of interactive exhibits and Disney artifacts. The Presidio Tunnel Tops https://www.parksconservancy.org/parks/presidio-tunnel-tops are 14 acres of new parkland, which includes the Outpost, a 2-acre nature play area that invites visitors to swing, crawl, and climb on play structures built from fallen trees, boulders, and other natural materials found within the Presidio. The Crissy Field Center and brand-new Field Station, an indoor facility where kids can explore the Presidio through art and science, offer programmed and self-guided activities. Presidio's Rob Hill Campground offers a national park camping experience. The San Francisco National Cemetery is also located in the Presidio.

Dating from 1864, the Old Post Hospital, also known as Wright General Hospital, is the oldest building in the Presidio. After it was replaced by a larger hospital, the Old Post Hospital was used as a dentist's office, post dispensary, drug rehabilitation center, and the Presidio Army Museum. Currently, it is being converted into an elementary school. An inside look at the renovation of the San Francisco Presidio's Civil War-era hospital - ABC7 San Francisco

3. San Francisco Cable Cars https://www.sfmta.com/getting-around/muni/cable-cars Cable cars are one of the city's most iconic landmarks and the last manually operated cable car system in the world. They first opened in 1873 and currently run along three routes, with a speed that averages about 9.5 mph. The Cable Car Barn and Museum offers free admission.

4. Alcatraz Island https://www.nps.gov/alca/index.htm This notorious former prison, which was closed in the 1960s, is located on the island of the same name in the middle of San Francisco Bay. Many notorious criminals, including Al Capone, Machine Gun Kelly, Whitey Bulger, Alvin "Creepy" Karpis, and the legendary "Birdman of Alcatraz," were imprisoned here.

5. Fisherman's Wharf and Pier 39 https://www.fishermanswharf.org/things-to-do/attractions/pier-39/ Fisherman's Wharf and Pier 39 are home to a community of sea lions and Ghirardelli Square and close to such attractions as the Museum of 3D Illusions, Cartoon Art Museum, Museum of Failure, and Ripley's Believe It or Not! Museum.

6. Natural History, Wildlife, and Science Attractions The San Francisco Zoo & Gardens https://www.sfzoo.org/, Aquarium of the Bay https ://www.aquariumofthebay.org/, and California Academy of Sciences https://www.calacademy.org/ offer opportunities to observe and interact with wildlife. The Exploratorium https://www.exploratorium.edu/ is a museum of science, technology, and arts founded by physicist and educator Frank Oppenheimer.

7. Art and Cultural Museums The de Young and Legion of Honor https://www.famsf.org/ make up San Francisco's largest public arts institution. The San Francisco Museum of Modern Art www.sfmoma.org/ showcases boundary-breaking works in painting, sculpture, and photography. Other remarkable museums include the Asian Art Museum https://asianart.org/, Counterculture Museum https://counterculturemuseum.org/, and Museum of the African Diaspora https://www.moadsf.org/.

8. Performing Arts Venues San Francisco offers a full calendar of shows featuring 200 dance organizations and almost 100 theaters. The San Francisco War Memorial & Performing Arts Center https://sfwarmemorial.org/war-memorial-opera-house/ hosts the SF Symphony https://www.sfsymphony.org/, San Francisco Ballet https://www.sfballet.org, and San Francisco Opera https://www.sfopera.com/. Other venues include the American Conservatory Theater https://www.act-sf.org/, Club Fugazi https://www.clubfugazisf.com/, Curran Theatre https://www.san-francisco-theater.com/venues/curran-theater, Kanbar Performing Arts Center Kanbar Performing Arts Center, New Conservatory Theatre Center https://nctcsf.org/, Orpheum Theatre https://www.broadwaysf.com/, San Francisco Magic Theater https://www.sanfranciscomagictheater.com/, San Francisco Playhouse https://www.sfplayhouse.org/sfph/, and SFBATCO https://www.sfbatco.org/.

9. Sports Teams Two major league sports teams play their home games within San Francisco. The San Francisco Giants https://www.mlb.com/giants (baseball) play at Oracle Park, and the Golden State Warriors https://www.nba.com/warriors/ (basketball) play at Chase Center. The San Francisco 49ers https://www.49ers.com/ (football) play in Santa Clara, south of the city. Semiprofessional soccer teams also play in the city as well as college teams.

10. Higher Education The city is home to public universities, private colleges, community colleges, and specialized institutions, including the University of California, San Francisco https://www.ucsf.edu/; University of San Francisco https://www.usfca.edu/; San Francisco State University https://www.sfsu.edu/; and San Francisco Conservatory of Music https://sfcm.edu/.

Check out the San Francisco Travel Association's places to visit in San Francisco for additional information: https://www.sftravel.com/article/28-things-not-to-miss-san-francisco.

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Prisma Health is a not-for-profit health company and the largest healthcare system in South Carolina. With nearly 30,000 team members, 18 acute and specialty hospitals, 2,947 beds and more than 300 outpatient sites with nearly 2,000 physicians, Prisma Health serves more than 1.2 million unique patients annually in its 21-county market area that covers 50% of South Carolina. Prisma Health's goal is to improve the health of all South Carolinians by enhancing clinical quality, the patient experience and access to affordable care, as well as conducting clinical research and training the next generation of medical professionals. For more information, visit PrismaHealth.org.

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****We are a Public Service Loan Forgiveness (PSLF) Program Qualified Employer!****

Please submit a letter of interest and CV to:
Natasha Durham, Physician Recruiter,
Natasha.Durham@PrismaHealth.org

PrismaHealth.org

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Prisma Health is a not-for-profit health company and the largest healthcare system in South Carolina. With nearly 30,000 team members, 18 acute and specialty hospitals, 2,947 beds and more than 300 outpatient sites with nearly 2,000 physicians, Prisma Health serves more than 1.2 million unique patients annually in its 21-county market area that covers 50% of South Carolina. Prisma Health's goal is to improve the health of all South Carolinians by enhancing clinical quality, the patient experience and access to affordable care, as well as conducting clinical research and training the next generation of medical professionals. For more information, visit PrismaHealth.org.

Columbia, SC is the state capitol with a thriving economy and downtown revitalization. We are home to the University of South Carolina which affords rich cultural and sports entertainment options. Columbia is ideally located approximately 2 hours from the beaches of South Carolina and the Blue Ridge mountains.

****We are a Public Service Loan Forgiveness (PSLF) Program Qualified Employer!****

Please submit a letter of interest and CV to:
Natasha Durham, Physician Recruiter,
Natasha.Durham@PrismaHealth.org

PrismaHealth.org

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Creating an impactful CV

By Stephanie Tyner

On average, physician recruiters take 30 to 60 seconds to glance at an initial CV. This is why the first page of your CV is valuable real estate and should include key information. Keeping it short and sweet is key; however, this can cause stress related to what needs to be included. Specifically, here are a few key areas of focus when it comes to a physician's CV: contact information, education and training, experience and eligibility to practice medicine, and interests and hobbies.

First and foremost, you want to tell them who you are right at the top of your CV. Include your contact information where you are most easily reached. Use your current home address, your cell phone number, and an e-mail address you check on a daily basis. Be professional. Silly e-mail addresses, such as cutedoc@email.com, do not give the impression you want to a future employer.

Next is your education, one of the most important sections! Employers want to know where you completed residency and/or fellowship, went to medical school, and received your undergraduate degree. It is important to place these in reverse chronological order, with the most recent listed first. There is no need to list your day-to-day duties and responsibilities. The name of the program and/or university, your degree, the location, and the dates are really all you need. However, if you decide to start listing additional details (such as highlighting that you were the chief resident), use bullet points to keep it as easy to read as possible.

Your CV is essentially viewed as a timeline, so you will include the start and end dates (both month and the year) to make it very clear to the employer. Address any gaps in time in your cover letter/e-mail and be honest. Remember, you want to keep it short and sweet.

Following your education, include a section for your licenses and certifications—specifically, your state medical license and board eligibility/certifications. There is no need to provide the actual license numbers, but you will want to include the dates. Even if you have applied for a state license, you can indicate on your CV that it is in process. Most people also include other active certifications, such as BLS, ACLS, and PALS, in this segment.

For those of you who have been practicing medicine and/or have experience in addition to your current residency training, such as moonlighting or medicine-based volunteer work, you will include this section next. Format this the same as you did your education portion previously. List the name of the employer, your title/position, the location, and the time frame. Once again, there is no need to list your duties and responsibilities.

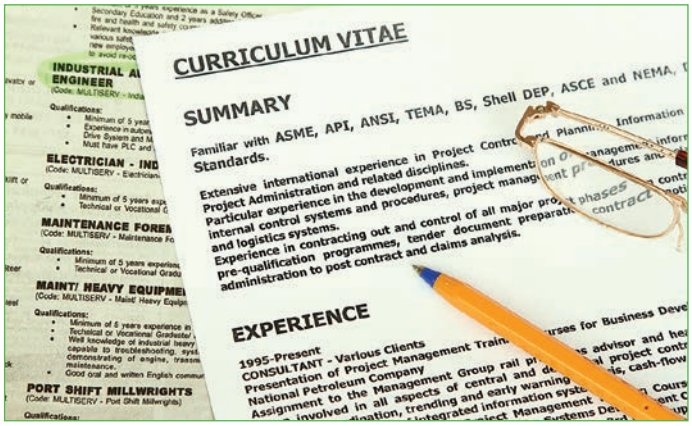
There are many other sections you can highlight on your CV, including awards/honors, leadership, committees, memberships/affiliations, and academic accomplishments (such as research, publications, presentations, abstracts, and poster projects). For some, you may include all of these; others may include only a few. Those not going into an academic setting might not want to include any of your research, presentations, or publications on your employment CV. Most likely you will have two copies of your CV: one that is no more than two to three pages for employment purposes and another that is lengthier and more academic based for academic positions and/or future speaking opportunities.

A category to help complete your CV is a personal section listing your interests and hobbies. Employers spend a lot of time and money recruiting the right physician for their opportunities and want to make sure that the recruited physician stays there for the long haul. Your interests and hobbies say a lot about who you are and why you would be interested in their location. If you enjoy outdoor sports, such as boating and fishing, you will most likely want to be located somewhere near water. Knowing these details helps paint a picture of who you are and helps get conversations started with potential employers.

Remember, less is more, and your CV should be constantly updated as you move throughout your career.

For more information on creating your CV, take a look at the step-by-step CV checklist.

Stephanie Tyner
Director of Residency Outreach
Community Health Systems



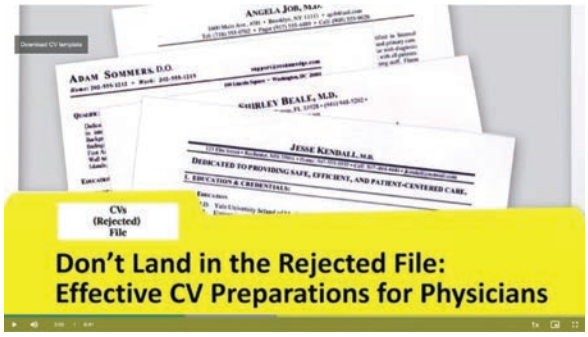
Stephanie Tyner is the Director of Residency Outreach for Community Health Systems (CHS), one of the nation's leading health care providers. Stephanie has been with CHS for more than 12 years. Before working for corporate CHS in her current position, she worked in several roles in a local CHS hospital in Foley, Alabama. Her positions included Vice President of Physician Practices and interim Regional Practice Director over five markets, Director of both wound care centers, and Director of Provider Outreach. Stephanie's experience in these roles has provided first-hand experience with employed physicians and knowledge of all the aspects of physician practice, including interviewing, contracts, CV's, day-to-day management, and recruiting. She currently works with CHS residency programs and several medical affiliations, such as ACP, to provide CV reviews and other educational programs.

Community Health Systems is one of the nation's leading operators of general acute care hospitals. The organization's affiliates own, operate, or lease more than 71 hospitals in more than 15 states. For more information on CHS, visit www.chsmedcareers.com. ■

Career Advice Videos

Watch, learn, land the job.

Preparing for a job interview can be stressful. There are many factors worth considering when attempting to make the best possible first impression with a potential employer. ACP's video, "Don't land in the rejected file," addresses the do's and don't's and offers a template to follow to create a successful CV.



Watch more career advice videos, brought to you by the American College of Physicians and CareerSpots.

Watch Videos

what to include in your CV

Always include:

- **Contact information**
  - ❑ Name
  - ❑ Specialty
  - ❑ Professional email address
  - ❑ Mailing address
  - ❑ Phone number
- **Education**
  Reverse chronological order – provide program, location and indicate start and end dates, including the month and year
  - ❑ Fellowship
  - ❑ Residency
  - ❑ Medical school
  - ❑ Undergraduate
- **Licensures & Certifications**
  Indicate dates and status
  - ❑ State medical licenses
  - ❑ BLS/ACLS/PALS, etc
  - ❑ Board certifications
- **Professional experience/volunteer medical experience**
  Also in reverse chronological order with dates and locations
- **Previous employment before medicine, if applicable**

Additional sections could include:

- **Professional interests, memberships, committees**
- **Leadership, honors/awards, community service**
- **Procedural skills, foreign languages, EMR proficiency**
- **Personal information**
  - ❑ Interests/hobbies
  - ❑ Marital status
  - ❑ Citizenship/visa status
  - ❑ Children
- **For Academic CVs, include:**
  - ❑ Presentations
  - ❑ Publications
  - ❑ Grants
  - ❑ Teaching experience
  - ❑ Poster projects
  - ❑ Research
  - ❑ Scholarships
  - ❑ Abstracts

Key points to keep in mind:

- **Cover Letter**
  Always include a **cover email** to introduce yourself; keep it short and to the point. Include:
  - ❑ **Who you are** – current position, specialty, training, etc.
  - ❑ **What you want to do** – desired position, specialty and type of practice setting
  - ❑ **Why you want to be there** – employer reputation, location fit for your interests, hobbies, family, etc.
  - ❑ **Explain any gaps** in education or work history in your CV
- **Limit initial CV to two pages**
- **Attach your CV as a PDF file**
- **Do not include** social security number, birth date or driver's license number

For more assistance with your CV or job search, visit

www.chsmedcareers.com

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World-class care. Closer than you think.

An Immigration Checkup: Immigration Solutions for Physicians

By Fredrikson & Byron, P.A.

The journey to become a physician requires years of commitment and detailed planning. This is especially true for international medical graduates (IMGs). International medical graduates who are not U.S. citizens or lawful permanent residents (LPRs) have the additional responsibility of obtaining and maintaining legal status and employment authorization in the United States, both for themselves as well as for their spouses and children.

Whether or not you are an IMG, all physicians are impacted by the complexities inherent in U.S. immigration law, either directly or through the lived experiences of friends and colleagues. This is because close to 25% of licensed physicians in the United States are IMGs.

Why do IMGs need immigration assistance?

An IMG's immigration and professional journey in the United States begins with the need to gain eligibility for medical licensure, which requires enrollment in an ACGME-accredited program of graduate medical education (GME). Most IMGs will secure immigration status for completion of their GME through a J-1 visa, which has a 2-year home residency requirement. An IMG can either return to their home country to serve the 2-year home residency requirement or change their status to obtain a work visa in the United States. Before an IMG can apply for a work visa, the IMG must apply for a waiver of the 2-year home residency requirement (commonly referred to as the J-1 waiver).

There are some GME programs that provide IMGs with immigration status to pursue their medical education through a cap-exempt H-1B visa instead of the J-1 visa.

International medical graduates need to maintain underlying nonimmigrant status until they become LPRs or "green card" holders. Before a person can apply to become an LPR, an employer or qualifying family member generally must sponsor them for an immigrant visa, and an immigrant visa number must be available, which is dependent on annual country quotas. Depending on where an IMG was born, they may need to wait years or decades before being eligible to apply for LPR status.

What are my options for a J-1 waiver?

There are three primary pathways to obtain a J-1 waiver:

- **Persecution Waiver**: Self-petition based on J-1 physician's fear of persecution in the home country because of race, religion, or political opinion.
- **Hardship Waiver**: Self-petition based on demonstration of exceptional hardship to J-1 physician's U.S. citizen or LPR spouse or child if the 2-year home residency obligation is fulfilled.
- **Interested Government Agency Waiver (IGA)**: Employer sponsored based on demonstration to a federal or state agency that recruitment of a J-1 waiver physician serves the public interest. Certain programs have set deadlines because of numerical limitations, have a 3-year service obligation, and/or are limited to specific specialties.
  - Conrad State 30 Program
  - Appalachian Regional Commission
  - Delta Regional Authority
  - Southeast Crescent Regional Commission
  - Northern Border Regional Commission
  - U.S. Department of Health and Human Services HHS) Clinical Care Waiver
  - HHS Research Waiver
  - Government agency (VA hospitals and military branches)

The process for obtaining a waiver can take weeks (Conrad, depending on the state), months (regional waivers), or years (HHS research) and will involve the sponsoring agency, U.S. Department of State, and U.S. Citizenship and Immigration Services.

Therefore, it is important for IMGs requiring a waiver to plan their strategy at least 1 year before the expiration of their J-1 status. Waiver sponsorship should be part of an IMG's negotiations with prospective employers to ensure all options are considered.

What happens after I receive a J-1 waiver?

An IMG needs to maintain appropriate lawful status during all periods of stay in the United States. International medical graduates who are the recipients of a J-1 waiver through an IGA may have a sponsoring employer file a change of status to H-1B status for the physician. It is the H-1B status that allows the physician to work in the United States. International medical graduates who receive a J-1 persecution or hardship waiver can change status to that of H-1B but must be employed through a cap-exempt employer or be selected as a recipient of an H-1B registration selection notice in the annual cap lottery. Private employers and nonprofit entities unaffiliated with educational institutions are subject to the H-1B cap and therefore must participate in the H-1B cap lottery held every March, unless their employee is cap-exempt (such as an IMG recipient of an IGA waiver).

What if I was not in J-1 status for my GME education?

If an IMG has not been in J-1 status, and instead completed GME while in cap-exempt H-1B status, the IMG can consider remaining in H-1B status through a cap-exempt employer, being mindful that the maximum amount of time allowed in H-1B status is 6 years. This 6-year maximum can be extended in specific instances and should be discussed with immigration counsel.

I did not receive a J-1 waiver. What are my options for remaining in the United States?

If a J-1 physician is not the recipient of a J-1 waiver, there may be alternative options for maintaining status and remaining in the United States. This includes discussing the following potential strategies with an experienced immigration attorney:

- J-1 extension of status
- O-1 individual of extraordinary ability (sponsored by an employer)

- TN for citizens of Canada or Mexico (sponsored by an employer)
- H-1B for citizens of Canada who are visa exempt (sponsored by an employer)
- F-1 student (sponsored by academic institution upon enrollment)
- E-2 for investors from treaty countries (self-petition)
- Temporary Protected Status (self-petition)
- Asylum (self-petition)
- Dependent beneficiary of spouse's status

How do I become an LPR?

The ultimate objective for many IMGs is permanent residence, which enables an IMG and their dependent family members to reside on a long-term basis in the United States and to possess unrestricted employment authorization or U.S. citizenship.

The process to lawful permanent residence takes place in two stages and can be followed by naturalization (citizenship).

1. **Immigrant Visa Petition**: An IMG must first secure an approved immigrant visa. The four common avenues by which IMGs pursue an immigrant visa are as follows:
   i. **PERM Labor Condition Application**: An IMG's employer must test the labor market to establish that it is unable to find an able, willing, and qualified U.S. worker to fill the position. This process requires employer sponsorship. The IMG and the employer must agree that the IMG will be in the sponsored position when it is time to file for adjustment of status.
   ii. **Physician National Interest Waiver (PNIW)**: A physician who commits to working in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) for 5 years, or who has already worked in a HPSA or MUA for 5 years, can apply for an immigrant visa. This petition can be sponsored by the IMG independently or by the IMG's employer. If there is a visa number available at the time of filing the PNIW, Form I-140 Immigrant Petition, the physician and their dependents can file for the I-485 adjustment of status application even though the I-485 will not be adjudicated until the 5-year obligation is completed.
   iii. **Outstanding Professor and Researcher**: Some IMGs working as physician-scientists, largely in academic institutions, may be able to successfully show that they are outstanding research figures. This requires employer sponsorship. This process could avoid substantial immigrant visa number backlogs faced by IMGs from certain countries (historically India and China).
   iv. **Family-Based Petition**: If an IMG's spouse or parent is a U.S. citizen or LPR, the IMG's qualifying family member could file a family-based petition requesting an immigrant visa in the interest of family unity.
2. **Adjustment of Status**: If an IMG is lawfully in the United States with an approved immigrant visa petition and an immigrant visa number is available, the IMG and dependents (spouse and children lawfully in the United States) can request that the U.S. government adjust their status to that of an LPR. This application is typically filed with a request for advanced parole (travel documentation) and an employment authorization document. Immigrant visa availability is updated monthly in the U.S. Department of State Visa Bulletin on the basis of current use against annual country quotas.

How do I become a U.S. citizen?

A person must be an LPR for 5 years (3 years if the spouse of a U.S. citizen) before becoming eligible to apply for naturalization. Naturalization is the process by which an LPR applies to become a U.S. citizen. This application includes a good moral character component as well as completion of an English and Civics examination. Even after an LPR's naturalization application is approved, an LPR only becomes a U.S. citizen upon taking the oath of allegiance to the United States during a formal ceremony.

Conclusion

There is no "one-size-fits-all" approach to an IMG's immigration journey. Rather, U.S. immigration laws permit several pathways to nonimmigrant status and permanent residence on the basis of family relationships, employment, humanitarian reasons, and various special programs. In each instance, an IMG should work with immigration counsel to holistically assess the facts and design appropriate strategies for employment authorization and status through permanent residence and naturalization that factor in a wide range of both personal and professional considerations. ■

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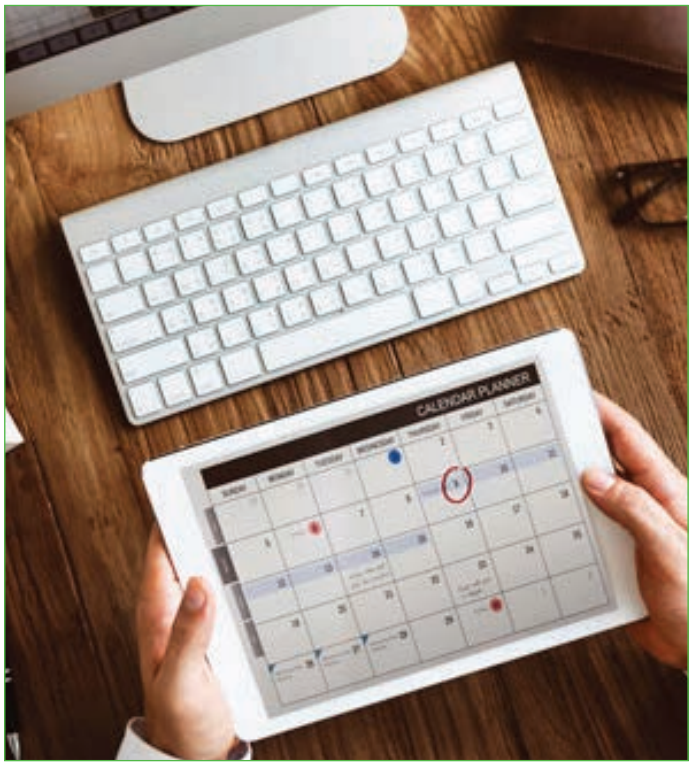
Build your career into your job description

Physicians should try out strategies to prioritize career-advancing projects, even when day-to-day tasks are keeping them too busy.

By Stacey Butterfield

Have you been letting your job get in the way of your career?

Chris Sankey, MD, FACP, offered some examples of how this might occur at any point in a physician's career, including early on.



Reclaiming your calendar can be a high-yield efficiency strategy, according to Chris Sankey, MD, FACP.
Image by Rawpixel.com

"Do you have projects that were either abandoned or not started, grants or manuscripts that weren't written, skill-building opportunities skipped, important relationships—mentor, sponsor, coach—not maintained?" he asked. "Or, 'I wanted to go to that conference, but I just had too much to do'?"

For those who did make it to Converge 2025, the annual meeting of the Society of Hospital Medicine, held in Las Vegas in April, Dr. Sankey offered advice on how to prioritize career-advancing projects even when day-to-day tasks (i.e., your job) are keeping you too busy.

"What can we accomplish if we're more effective in tending to our careers?" asked Dr. Sankey, a hospitalist and associate professor at Yale School of Medicine in New Haven, Conn. His potential answers included wellness, satisfaction, promotion opportunities, and sense of purpose.

"It's easy to drift a little bit away from the passions and the values that really led you into the profession," he said.

It's also easy to conflate the urgency of a task with its importance. Dr. Sankey credited President Dwight D. Eisenhower with his preferred method of categorizing a to-do list into four quadrants: urgent and important, nonurgent but important, urgent but unimportant, and nonurgent and unimportant.

Tasks to advance your career likely fall into the second category, but it's easy for them to get preempted by things in the other categories, even the fourth, which includes some activities that everyone knows detract from their efficiency, such as social media.

"We probably all scroll through the video of the fox that ran through our sister's friend's yard last night," Dr. Sankey said. "This can be a helpful rubric to think about how it is we're apportioning our time."

Once you've analyzed how your time is spent, the next step is to take some control over it. Dr. Sankey offered a selection of the "high- yield" efficiency strategies he's collected over time, beginning with reclaiming your calendar.

"I found this to be super important as calendars have gotten more and more transparent," he said. "Has anybody gotten that meeting request, 'Oh, I'm looking at your calendar and I'm seeing that you're available at such and such a time'? I have students that can actually schedule themselves with me without asking."

Whether your calendar is controlled by the world at large, an administrative assistant, or just you, it can be scheduled with more mindfulness of career priorities. "The calendar can be a really, really powerful way to both map and prioritize time for us to do the things that are really meaningful," said Dr. Sankey.

If you want some time to think about an upcoming grant application or article submission, block it off on your calendar. "I challenge you to schedule this quadrant of career-sustaining, important, nonurgent time for one hour per week and do that for a month," he said. "If that feels like a heavy lift, do half an hour and then reassess."

How do you decide what tasks fit in that category? Dr. Sankey writes down everything he has to do, categorizing each into one of those four quadrants on a worksheet (or sheets). "I needed three pages for quadrant three," which contains urgent but unimportant to-dos, he said. "I felt like that was an important signal to me that perhaps my job was encroaching on my career."

Of course, to some extent, your job is entitled to encroach on your career, but distractors are not, and they were Dr. Sankey's next target. "I'm not talking about distractions. Distractions can be things or people that have other motives. *Distractors* are typically electronic entities whose sole purpose for existing is to get your attention," he said.

Studies have quantified the impact of these distractors, finding that it takes between one and three minutes to refocus on a task after being distracted. "How often do we get these distractors?" asked Dr. Sankey. "Last week, I averaged 103 notifications a day. So, a lot."

His solution is to modify your smartphone settings, including turning off email notifications. "I'd be seeing patients on the wards, and my hip would ding. I'd come out of the room and look, and there was one email message. I open it right there in the middle of the hallway, and it's like 'Are all of your pipetting needs being met?'" said Dr. Sankey, to laughter from the audience. "The best thing I ever did was just to turn off that stupid notification."

Other potentially useful settings include time limits on specific apps and focus modes, which can be set to only let certain contacts trigger notifications. "My kids' day care could get through, but my college roommate doesn't necessarily have to," he explained.

Dr. Sankey recommended trying these setting changes for a week, with the goal of reducing smartphone use by 1% to 5%. "What happens? Does the world fall apart? If it does, you can turn it back on," he said.

He also offered some additional tips on increasing your efficiency in managing email beyond turning off notifications. The process starts with checking for email less frequently, no more than once an hour. "It's hard, but it's like training for a 5K. The more you do it, the easier it becomes," said Dr. Sankey.

He's also a fan of the zero-inbox strategy, recommending that physicians delete or file every email after one reading.

Another secret to spending less time on email is to send fewer of them, especially to excess recipients, Dr. Sankey advised. "How many times do we get cc'ed on an email that has 17 people on it and says something like 'Thanks'?" he said. "The more you cc other people, typically the more unhelpful email you're going to get."

When you do send emails, consider making sure they go out during normal hours, Dr. Sankey recommended. He prefers scheduled send over a signature line that says it's not necessary to reply during off-hours, especially if you're emailing someone you outrank.

"When you are navigating a power gradient, actions still speak louder than words," he said. "The other reason is that, just like the cc'ing, it functionally backfires on us. … It's 10 p.m. I'm trying to get through my to-do list. I send the email, and I'm like, 'Ah, I'm done.' And then what happens? The person emails you back."

Dr. Sankey's final advice, conveyed with the help of a big red button, was to say no. "Easy to say, harder to do, but really, really important, especially when we're trying to toggle between our jobs and our careers," he said.

One strategy is to think about the future yeses you are enabling with your current answer. "If I say no to this, does that mean I'm saying yes to something else? And is that yes perhaps more aligned with my needs and my goals?" he said. "You can flip it around."

It can also be easier to say no if you make it clear that your response applies only to the specific request, not the person asking. "I'm not saying no to you. I'm saying no to this role or this task," said Dr. Sankey.

Finally, taking your time giving an answer may make it easier to say no. "When we say yes, we often say that really fast, right?" said Dr. Sankey. "If we can think … 'I was curious about the request, I asked questions, I got answers to them, and now I know it's a no.'"

He urged physicians, especially those early in their careers, to try out these strategies to make time for their own priorities. "I just come across so many colleagues and friends and mentees and sponsees who feel like any time they get asked anything, the answer always has to be yes," he said, "and I just don't think that is the case." ■

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Turning an interview into an offer

Preparing and practicing for an interview go a long way in helping to land that next job.

By Gianna Melillo

"Tell me about yourself."

That popular prompt of job interviewers everywhere can elicit a sense of excitement or dread in candidates, with responses often setting the tone for the conversation that follows.

For video interviews, make sure the background is free from distractions, the setting is quiet, and the internet connection is stable. If you prepare for technology glitches ahead of time, they'll be less likely to throw you off when they do happen.

Image by Adobe Stock/amenic181

But the good news is, "since you know that question is coming, it gives you the perfect opportunity to prepare for it beforehand, practice it, and edit it, and then you can tell your narrative in a very concise way," said Erica Grabscheid, MD, FACP. Dr. Grabscheid is a professor of medicine at Icahn School of Medicine at Mount Sinai in New York City and cowrote an article on asking the right questions in an interview that was published by the *Journal of Hospital Medicine* in February 2024.

Preparing and practicing for an interview go a long way in building applicants' confidence and signaling to employers that they're taking the conversation seriously, experts said. In discussions with *I.M. Matters*, they shared their top interviewing tips for early career physicians and offered some wisdom on mastering the process.

Getting organized

The first step in maintaining control during what can be a months-long job search is to create a spreadsheet, Dr. Grabscheid recommended. It can contain everything from job descriptions and titles to dates of application, confirmation of receipt, and current interview status. "People usually apply for multiple jobs at the same time, and it's very quick to happen that you lose track of information," she explained.

Once an interview is confirmed, applicants should start doing background research on the company—and themselves. Not only should you be familiar with the organization's personnel, goals, and mission, you should be just as comfortable discussing your own story and career path.

"Create a list of your long-term goals, your skills and attributes, and why you are best qualified and interested in this position," said Stephanie Tyner, director of residency outreach for Community Health Systems in Gulf Shores, Ala. Candidates should be acutely familiar with their CV and confident in everything that's on there, she continued. "Confidence comes from preparing for the interview process and the potential questions. Be confident in who you are and your knowledge, training, and experience, and convey that in your answers and when discussing your background."

When reviewing your CV, be sure to also identify stories from your experiences that help exemplify strengths you want to highlight, suggested Megan Hiles, MD, FACP, a physician at National Jewish Health in Denver and a member of ACP's Council of Early Career Physicians (CECP).

One such strength could be your growth mindset, noted Amy Holbrook, MD, FACP, associate program director of internal medicine residency at Abbott Northwestern Hospital in Minneapolis.

"It's not a time to be modest," said Dr. Holbrook, who is the current Chair of the CECP. "Your job is to sell yourself, and no one else is going to be doing that for you."

Ms. Tyner agreed. "You have worked hard to obtain your degree as a physician and to be where you are in your career, so don't sell yourself short. Don't be afraid to be confident, not cocky, but confident in your skills as a physician, and to express that."

It's important to realize that interviewers already know the specifics of your experience from your CV and that the main point of the discussion is to assess interpersonal skills, said Dr. Grabscheid.

"Surprisingly, a lot of times, there's a disconnect between how polished somebody seems on their resume and then how a person is in real life," she explained. Interviewers will be on the lookout for whether you're well spoken, provide thoughtful responses, and are a good listener. "Because … I hope this is going to turn into a reflection of how a doctor will behave at the bedside with a patient, or even how this person will behave in a meeting one day with senior leadership," she said.

One way to demonstrate these traits is to show interest in the role, something that can be achieved by preparing questions for the interviewer ahead of time.

"Employers are always very appreciative when a candidate has taken the time to think about what their questions are. … That shows that they're serious about assessing that fit," Dr. Hiles said.

Candidates can tailor their questions based on whom they're speaking with that day. For example, questions about salary and benefits are best suited to a human resources representative, whereas a physician will be able to discuss a typical day's workflow. It might also take multiple interviews with different team members to get all your questions answered, experts added.

"How many patients a day? What are the expected hours? What are the on-call hours? How will you support me in my practice?" are all potential points to bring up, according to Ms. Tyner. "These questions can vary, but I think it's very important for physicians to understand the expectations of the employer. … The worst thing you can do is get into a situation and it's not what you thought it was going to be, and then no one's happy on either side of the table," she said.

Remember, you're assessing the organization as much as it's assessing you, experts stressed. Take time to look for signs of a healthy workplace culture and collegiality among team members.

"You're really in the driver's seat more than you think," Dr. Holbrook said. "An interview should really be a bi-directional conversation where they're learning about you, but you're learning about them."

Practice and preparation

As with any skill, the more you practice interviewing, the better you'll become. That's why Dr. Hiles recommends candidates apply for jobs that might not be their dream roles but provide an opportunity to build experience. "If you interview for some jobs that may not feel as high stakes, then you will probably feel more prepared when you get to the one that's really important to you," she said.

Another tip is to brainstorm questions you expect to be asked during an interview, and practice rehearsing answers with a spouse, friend, or colleague.

This also allows you to prepare responses that answer the question but don't devolve into rambling. This way, you can learn to stop once you've answered the question and avoid talking just to fill up space.

It helps to be an active listener, too. "The risk of overpreparing answers sometimes is that you lock into this script that you've made in your head and you're not actually answering the question in front of you," Dr. Holbrook cautioned.

If an interviewer asks a two-part question, be sure to answer both parts. And, like preparing questions, candidates can tailor answers based on whom they're speaking with.

"You should be mentally prepared that you're probably going to be interviewed by many people that day," said Dr. Grabscheid. "It'll probably be somebody from the group, then maybe the medical director, and then maybe, if you're lucky, somebody from administration or senior leadership."

There's no doubt that what's said during an interview can make or break a hiring decision, but appearances and body language are just as crucial.

"Interviewers can usually tell if you're really anxious or nervous," said Dr. Hiles. Maintaining eye contact, limiting fidgeting, and being mindful of facial expressions are all key. She also suggests wearing comfortable clothes to avoid constant adjustment.

The main rule of thumb is to mimic the body language on the other side of the table or camera, said Ms. Tyner. "If you answer with short answers or you have body language that shows that you're really standoffish and you're really not vested or interested, it's going to show."

If it's a phone interview, be cognizant of tone and try standing up to keep the energy flowing. For video calls, make sure the background is free from distractions, the setting is quiet, and the internet connection is stable. If you prepare for technology glitches ahead of time, they'll be less likely to throw you off when they do happen. Silencing any phone or email alerts is always a good idea, although if you are a doctor on call, be sure to explain that at the outset, experts noted.

Arriving at the location or logging on to the video call early also gives you time to settle into the environment and compose yourself. If you're feeling particularly nervous that day, try to do things you normally do to relieve stress, like exercising or getting a good night's sleep, said Dr. Hiles.

Postinterview etiquette

At the end of every interview, candidates should thank their interviewer and clarify next steps in the hiring process, including asking when they should expect to hear from the company.

Sending a follow-up email within 24 to 48 hours is appropriate, as is asking whether you can provide any more information at this time, the experts said. This establishes a pathway for communication going forward and is a particularly important step for positions you're enthusiastic about.

If the interviewer says they'll get back to you in a specific timeframe with a decision or next steps and then don't, "it's very reasonable and appropriate to then follow up, and you want to do that in a polite and respectful way," Dr. Hiles noted.

"Once you're farther along in the process, I want to highlight not being afraid to negotiate, especially for folks where it's their first job and they're just so excited to be getting a doctor paycheck," Dr. Holbrook said. "One mistake I see early career physicians make is not negotiating their first contract."

(I.M. Ready in the November/December 2023 *I.M. Matters* features more on best practices for contract negotiations, and readers can access additional career advice on ACP's Career Connection website.)

Overall, interviewers are ultimately looking for authenticity and enthusiasm. "Just be yourself," said Dr. Grabscheid. "Being honest and straightforward and saying where you're coming from and what your needs are, and just making sure that it's really, truly, at the end of the day a match for the company, is the way everybody wins." ■

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Saying goodbye to manic Monday

A hospitalist service benefited from switching their switch day to Tuesday.

By Stacey Butterfield

Image by Getty Stock

Where: New York University Langone Health, an 885-bed academic hospital in New York City.
The issue: Improving throughput.

Background

If there's any day of the week that is a hospital bottleneck, it's Monday, observed Larry Nguyen, MD, a resident at New York University (NYU) Langone Health. "When patients are admitted over the weekend, there's a lot of coordination and discharge planning that occurs on Monday, but also there's an influx of patients coming in through the emergency room on Monday," he said. "Usually Monday is the busiest day for the hospital."

The other thing that used to happen on Mondays at NYU Langone, as at many other hospitals, was that a new set of hospitalists started their seven days on shift and had to get up to speed on the patients they were receiving from the hospitalists who ended their seven days on Sunday night.

Of course, you can't change when patients get admitted, so the hospital medicine team at NYU Langone decided to see what would happen if they altered the one factor under their control—the day of shift change.

How it works

Starting in April 2022, hospitalists' seven-on began on Tuesdays instead of Mondays. "It was a relatively simple change from a scheduling perspective," said Benjamin Verplanke, MD, FACP, assistant director of the division of hospital medicine and an associate professor at NYU Grossman School of Medicine.

The change had a number of effects on care processes, starting with how it reduced overall staff turnover on Mondays, with the attending becoming the source of continuity on those days. "Most of our social workers and care managers are on a Monday through Friday schedule," Dr. Verplanke said. "The advanced practice providers typically work three shifts a week, so it is the attendings that [now] provide the most continuity on Monday."

Results

To formally assess the effects of the change, the team looked

at three outcomes: the day of the week patients were discharged, length of stay, and readmissions. They showed improvements on two of the three metrics in a study published by the *Journal of Hospital Medicine* on Nov. 4, 2025.

"There was an increased number of discharges on Monday and proportionally a decrease in discharges on Tuesdays," said Dr. Nguyen. "Unfortunately, we were not able to see any changes in the length of stay, but we were able to show a decrease in 30-day unplanned readmission rates. Having that same provider on Monday be able to coordinate discharge planning with the case managers and social workers definitely does impact readmission rates."

Anecdotal reports also showed benefits for the hospitalists themselves, added Dr. Verplanke. "When you start on a Monday, Sunday night isn't really a free night, because you have this feeling of 'Sunday blues,' reading the census the day before, receiving the handoffs," he said. "But when you have a Tuesday start, people really get their full weekend with their families or whatever it is they like to do." Another lifestyle benefit is that when you get a holiday weekend off, you are free for all three days, he noted.

Challenges

The new schedule created some complications on the services that hospitalists cover Monday through Friday, but they have worked around them. "It does pose a little bit of scheduling challenges when you have this overlapping Monday," said Dr. Verplanke. "We have to move people around to make that work."

Next steps

The team has continued to track the data and found that the shift of discharges from Tuesday to Monday is staying strong. "The increase in Monday discharge hasn't regressed to the mean. It continues to be higher than it was before, which shows that it continues to work," said Dr. Verplanke.

He recommends that hospital medicine services that have always switched off on Mondays consider that there are other options out there. "There are places that do Wednesdays or Thursdays or even weekends," Dr. Verplanke said.

Words of wisdom

"We always think that big things need to happen in order to make change, and that's not necessarily true. You can make little adjustments, and it can have profound impacts," said Dr. Verplanke. ■

From ACP Hospitalist, January 2026,

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Better ways to evaluate, negotiate employment contracts

Before signing an employment contract, reflect on the life you want and what is most important to you.

By Jessica Berthold

Kyle Claussen, JD, has seen some surprising things as CEO of Resolve, a legal services firm specializing in physician employment contracts. One of the most shocking was when an employer accidentally sent a job candidate a template that had "Female Physician" in the header.

"There are a ton of studies out there about pay discrepancies between male and female physicians, but it was pretty outrageous to see a specific contract for females," said Mr. Claussen, whose firm offers discounted services to ACP members.

Most pitfalls in employment contracts aren't quite so obvious, he said, so early career physicians need to be prepared with a basic understanding of how such contracts work—and the earlier the better.

"Negotiations can start as early as your interview. If you walk in and say, 'My spouse is here and we've enrolled our kids in school here,' you've already made it more difficult to get changes in your contract," Mr. Claussen said. "We have case studies showing that people who have more leverage get better offers."

Candace Sprott, MD, MBA, FACP, a member of ACP's Council of Early Career Physicians, agreed and said starting early means taking a step back and thinking about your job in a broader context. Many people don't have the chance to do this during their medical training because they are so busy, she said.

"Reflect on the life you want to build, and the role work will play in it," said Dr. Sprott, an internal medicine physician with Kaiser Permanente in Oceanside, Calif. "Ask yourself, 'What is most important to me? Is it location? Salary? Work-life balance?' Take your time and talk with the people who are important in your life and who may be affected by your decision."

It all starts with salary

Salary is typically the starting point and the top concern for early career physicians, and initial offers can seem eye-popping for those coming out of a relatively low-paying residency, Dr. Sprott said. She tells physicians to do some research so they aren't starstruck and have a grasp on how similar jobs are compensated.

"First, narrow it down by the type of practice you're considering: private practice, hospital setting, academic medical center," Dr. Sprott said. "Then do some benchmarking of salaries for those jobs in the geographic areas where you're looking. Ask friends or acquaintances, join Facebook groups for physicians … I've even found Reddit threads useful for this. Professional societies can be helpful here too."

ACP's partnership with Resolve includes free access to a salary tool that filters by location and job title, as well as a "contract scorecard" that tells you how your offer stacks up to industry averages. These are, Dr. Sprott added, a "wonderful resource." (See sidebar.)

Compensation for early career physicians usually includes a guaranteed base salary plus an opportunity for a bonus or incentive. Both the base and bonus often reflect a measure of productivity such as work relative value units (RVUs), which are meant to embody the level of time, skill, and training needed to provide a specific element of care.

"It's entirely reasonable to ask what the base and guaranteed salary are and how they came up with it," said Luci K. Leykum, MD, MBA, MSc, FACP.

Knowing the financial model of your potential employer is important to understanding your salary, added Dr. Leykum, center lead for the Elizabeth Dole Center of Excellence for Veteran and Caregiver Research, chief clinical officer at Harbor Health, and an affiliate professor at Dell Medical School at the University of Texas at Austin.

"A fee-for-service model is quite different from a Medicare Advantage plan, where financial success is based in part on keeping people well and meeting quality measures. Inpatient physicians, meanwhile, may be paid based on number of encounters, as well as type of schedule, with night and weekend shifts paying more," Dr. Leykum said.

If an employer provides a salary range for a position, it's smart to ask what makes a candidate fall into the higher end of the range, said Dr. Sprott.

"When they tell you what makes an applicant more likely to be paid at the upper end, you potentially can speak to having the knowledge or experience they want in those same terms," Dr. Sprott said.

Generally, the employers who are most transparent about how compensation is determined are the least likely to have wiggle room in negotiation, said Dr. Leykum. "They are trying to set something up that works for everyone," she said.

Getting familiar with the employer and the local market is key, which means reaching out to colleagues, professional societies, or even friends of friends who may have personal insight on the practice, group, or hospital, Dr. Leykum added. "Don't forget to ask about turnover," she said.

Noncompete clauses

After compensation, noncompete clauses are the second hottest topic for physicians around employment contracts, said Mr. Claussen. These clauses prohibit physicians from leaving their employer and taking another job practicing medicine in a community or region for a certain period. If you leave early, you may be on the hook for paying the employer an amount that represents their investment in you.

Though several states prohibit them, noncompetes are quite common. Even in states where they are banned, some

employers try to put them into contracts hoping that physicians will comply anyway, Mr. Claussen said. In general, the clauses are enforced to a "reasonable standard" that is determined by a judge.

"I've seen a handful of ridiculous noncompetes, like preventing someone from working in telemedicine across the entire U.S.," Mr. Claussen said. "A judge probably wouldn't enforce that, but you still may have to go through a tedious litigation process, so it's best to negotiate noncompetes up front."

The Federal Trade Commission (FTC) is considering banning noncompete clauses for all professions nationwide and issued a proposed rule to that effect this year. For now, noncompete clauses are one reason it's a good idea to have a lawyer review your employment contract, especially for your first job out of residency, Dr. Leykum said. Fees are usually several hundred dollars an hour, depending on where you live. There are also lower-cost options available through ACP. (See sidebar.)

It's (almost) all negotiable

Most employers expect a certain amount of negotiation, and most things in an employment contract are negotiable, Mr. Claussen said. This includes relocation allowances, vacation time, and call schedules. Group benefits such as health insurance usually can't be changed because they are tied to a plan that applies across all employees.

Contracts for early career physicians are more likely to come with incentives such as student loan forgiveness and signing bonuses, he added. Be aware that the bigger the bonus, the longer an employer usually will require physicians to work for them before they are considered "free" of obligation. Also be sure to know what happens if an employer is subject to a buyout or merger.

"Understanding how the contract terminates and whether you have malpractice insurance and tail coverage is critical," Mr. Claussen said.

Another element to pay close attention to is the "duties and responsibilities" section of the contract. Many physicians run into problems when things like call schedules and days off change from what they expected, he added.

"They find themselves working full days on Fridays when they expected to work half-days or are asked to go work at two to three satellite locations when they thought they would be at the main site," Mr. Claussen said.

If joining a private practice, be sure to know the partnership terms, as well as what happens if the practice is bought out before you become a partner. For those in academic medical settings, learn about the time preserved for research and teaching, he advised.

Negotiation tactics

It can be helpful to have a plan B when you negotiate with an employer, a backup job you feel comfortable with that will allow you to walk away from a lackluster offer. Many physicians are conditioned to lead with altruism and may recoil at haggling over money, Dr. Sprott said.

"We need to reframe that mindset to, 'I deserve to be compensated fairly for the work I do,'" she said.

Friendly negotiations can be a good opportunity to establish a positive relationship with future colleagues and to distinguish oneself in the absence of a long work history filled with personal data on patient volumes and average work RVUs.

"You can frame things in a way that is collaborative. Make it clear you're excited about the position and want to know how to be a good team player," said Dr. Leykum. "If you are open and genuine, employers will be glad to know that they have someone who cares about their professional development."

Looking to the future

Once you have gotten the job and are on your way, remember that your career requires active management. Consider evaluating your goals and day-to-day experience every year or so, perhaps around the time of your annual evaluation, Dr. Sprott said. You can even type up a short summary to send to your supervisor in advance, for reference.

"Reflect on your workload, and whether you have adequate time for the types of tasks you are asked to do: clinical care, administrative work, medical education," Dr. Sprott said. "Supervisors often aren't aware of everything their employees do, and this is a time to establish that and, if justified, ask for more time or compensation." ■

Jessica Berthold is a freelance writer based in Alameda, Calif

From I.M. Matters from ACP, November/December 2023,

ACP resources for job contracts

- As part of ACP's Financial Well-Being Program, the College has partnered with Resolve to offer discounted services to members. Some services are free; the cost of paid services ranges from $199 for salary data, $499 for a single contract review, and up to $1,999 for ongoing assistance from an attorney in negotiating employment contracts for up to one year. ACP's Financial Well-Being Program also offers free tools and resources to help members with overall financial planning, insurance, taxes, managing credit, and more.
- ACP's Council of Early Career Physicians is charged, in part, with enhancing professional development for early career physicians, and its members are happy to serve as a resource. Council members have experience in graduate education, private practice, group practice, and more. Their emails are listed online.
- ACP's annual and chapter meetings frequently offer sessions on topics such as job searching, interviewing, and employment contract negotiation. These meetings are also a good opportunity to network with other members who may be in a similar place on their job search, or who are a few years ahead and can offer advice. More information is online.

Top tips to nail your next presentation

Early career physicians can follow several tips and tricks for delivering engaging, impactful presentations.

By Gianna Melillo

Presenting in front of an audience can be nerve-racking in and of itself. For early career physicians, there's added pressure, since giving presentations can create opportunities for professional advancement and develop your reputation among peers.

"At this stage of your career, nobody looks at your medical transcript, or how you did in the introduction to the patient course, or your rheumatology rotation in your intern year. It's the here and now. And when you do this well, people look at you differently," said Scott C. Litin, MD, MACP, professor of medicine at the Mayo Clinic College of Medicine in Rochester, Minn. "It's a career maker when you do this well. But when you do this poorly, it can freeze your career."

No one wants to be caught off guard by a question, and although you can't predict what questions an audience member might ask, you can prepare for some possibilities. Image by kasto

If that sounds like a lot of pressure, don't worry. Experts offered several tips and tricks for delivering engaging, impactful presentations and stressed that, like most skills, success comes with practice.

Tackle your fear

Presentations, whether at a local academic institution or a national meeting, can not only shape your career but also help build skills and confidence, explained Farzana Hoque, MD, MRCP, FACP, associate professor of internal medicine at Saint Louis University School of Medicine and a Fellow of the Royal College of Physicians (London). Dr. Hoque said she found presenting early in her career rewarding, as it gave her a sense of motivation knowing "that I am contributing to the medical field, I'm disseminating medical knowledge."

This mindset can help early career physicians who may doubt if their work is interesting or good enough to be accepted at the national level. And the only way to find out is to submit it and see, said Sam Lubner, MD, FACP, a hematologist and oncologist at UW Health and an associate professor at the University of Wisconsin School of Medicine and Public Health in Madison.

If your work gets rejected, it gives you a thick skin. If it's accepted, even as a poster and not from the podium, it's a learning opportunity, he said.

"Just a poster is a great place to start from, and then at least you get your foot in the door, and you get a chance to understand what it takes to get your primary or original research presented in a regional or national meeting," Dr. Lubner said.

Beyond quality concerns, one main reason so many dread presenting is because it requires public speaking.

But surveys show that while the speaker may feel anxious giving a talk, the audience usually doesn't pick up on it, Dr. Litin said. Practicing in front of friends, colleagues, or a camera can help assuage this anxiety.

For some, it may even be beneficial to adopt a stage persona, said Vineet Arora, MD, MACP, dean for medical education at UChicago Medicine. This helps presenters avoid reading their script verbatim and introduces a human element to the talk.

"Some of that stage persona is spontaneity, feeling comfortable in the moment so you can be spontaneous, feeling that you've rehearsed your talk enough so that you can be prepared for whatever strikes you as surprising," said Dr. Arora.

Physically rehearsing your talk is important, but mentally rehearsing a presentation, or getting in the right mindset, is also crucial.

"You have to be in a place where you allow your stage persona to come out, and if you're not mentally ready for your stage persona to come out, you're not going to project what you need to project," she added. "If you are in your comfortable zone, you are good to go."

Another way to get comfortable with public speaking is to enroll in an improvisation class, Dr. Arora suggested. If you put yourself in a position of discomfort speaking with others in spaces where it's OK to be uncomfortable, "you can do anything," she said.

Those who significantly struggle with public speaking can seek help from a coach or doctor, too.

Be prepared

Visiting the space where you'll give your presentation in advance will help you become familiar with the setting and equipment and make you more comfortable about handling any mishaps should they occur, said Dr. Hoque.

Similarly, writing and practicing the presentation well beforehand will boost your confidence on the day of, she added.

Experts advise conducting self-evaluations after rehearsing, reflecting on what went well and what needs to be improved and recognizing any knowledge gaps you might have.

Self-reflecting also allows you to identify any potential questions that may arise from the presentation and highlight those that warrant additional research down the line.

"Competence will help to build the confidence," said Dr. Hoque.

Another tip is to visualize success during the rehearsal process. Before giving the talk, visualize yourself finishing on time, or the audience appreciating the presentation and giving you good feedback, Dr. Hoque explained.

When you do present, "whatever feedback you get, take it and really use it to make your next presentation better, and the one after that a little bit better," said Dr. Lubner.

Dr. Lubner also recommended looking for mentors at your own institution. "It's not a bad thing to ask people to review your stuff ahead of time so you put your best foot forward, especially early in your career. Because I think your mentors and the people who you work with closely and the people you learn alongside really want to help you succeed," he added.

Keep the audience top of mind

A presentation is a performance, and a good performance engages the audience, the experts stressed.

One way to grab their attention is with a hook. That can be a story, a clinical case, or even using the word "imagine" to set a scene. "Those are the kinds of things that will get the audience involved," said Dr. Litin, who has given talks on presenting at ACP Internal Medicine Meetings and has published several articles on the topic.

When people are engaged, they're more likely to learn, listen, and remember, added Dr. Arora. Asking the audience for a show of hands to take a poll or prompting them to think about the last time they saw a patient with a certain condition can also increase engagement.

Using nonverbal cues such as maintaining eye contact, practicing good posture, and pacing words and incorporating pauses is important as well, said Dr. Hoque.

Presenters should remember who makes up their audience, then tailor their talk accordingly. Whether that's different specialists, students, or the lay public, "if you don't know your audience, you risk either going over their head or not speaking at the right level," said Dr. Arora.

And because we all have short attention spans, it's important to not overwhelm the audience with excessive slides and text, and instead focus on key points.

"One of the misconceptions [about presenting] is 'The more factual information I dump into the brains of my audience, the more impressive I'll be.' If you tell them everything on a topic, they'll remember nothing," said Dr. Litin.

One rule of thumb is to limit each line on a slide to a single point, use less than six words per line, and use less than six lines per slide, according to Dr. Litin. Slides could also just show pictures, said Dr. Arora.

When the presentation is wrapping up, be sure to make this clear to the audience by stating "in conclusion" or "in summary" followed by three main points you hope they take away from the talk, Dr. Litin said.

Get ready for the Q&A

No one wants to be caught off guard by a question, and although you can't predict what questions an audience member might ask, you can prepare for some possibilities.

Throughout the presentation, "you might even say, 'This is a very interesting area. I don't have time to talk about this, but maybe we can talk about this in the Q&A,'" explained Dr. Arora. "You can roadmap your talk on where you want to call out things that you could question."

Another tip is to send some questions to the moderator beforehand, so they can ask you questions you've prepared while the audience is formulating their thoughts.

"Even having a slide after your acknowledgments and everything else that provides supplementary data to say, 'Hey, I was anticipating this question. Here's the data. Here's Appendix A of what I figured you guys might ask,'" typically goes over well with the audience, Dr. Lubner said. "It feels as if [the presenter] already anticipated that first question and has hard data to present based on that."

Remember to keep your answers short and to the point, Dr. Litin added. "Your answer shouldn't be an entirely new presentation."

If you don't know the answer to a question, it's fine to say so, and to ask audience members if they have any insights on it, he said. This tactic helps get the focus off the speaker and creates a dialogue within the audience.

Ultimately, understand "that a presentation is not solely a destination," said Dr. Lubner. "It is simply a way to document what you've done, and if it's really interesting, there's always a 'what comes next.' If you're faced with a question that you don't have the answers to, you can certainly take that as part of your 'what comes next.'" ■

From I.M. Matters from ACP, April 2024,

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Nurse in a box

Hospitals should proceed cautiously with virtual nursing programs, says the author of an early study of their effects on bedside nurses.

By Stacey Butterfield

Photo courtesy of Dr. Muir; graphic by Getty Images

A virtual coworker may sound very appealing—someone to handle some of your paperwork and keep an eye on patients when you can't.

But bedside nurses are finding that virtual nursing is not quite the panacea they were promised, according to a recent study. A survey of 880 U.S. nurses who had worked with a virtual (or rather, remote, since they are human) colleague while at the bedside found that 57% said the intervention had not reduced their workload. Ten percent said virtual nurses had actually increased it.

When asked if virtual nurses improve the quality of care, 53% said yes. Virtual nurses could be helpful for monitoring and documentation, the surveyed nurses said, but they had concerns about staffing, patient distrust, and workflow inefficiencies. The study was published by *JAMA Network Open* on Dec. 5, 2025.

To learn more about virtual nurses and their pros and cons, *ACP Hospitalist* recently spoke to lead study author K. Jane Muir, PhD, MSHP, RN, assistant professor of nursing and senior fellow at the Center for Health Outcomes and Policy Research at the University of Pennsylvania in Philadelphia.

Q: What is virtual nursing?

A: Virtual nursing is a model of care that uses remote nurses to support hospital bedside nurses through video or messaging platforms. These are nurses that are videoing in from either their home or another off-site location to perform various tasks like observing patients so that they don't fall, coordinating their admission to the hospital, or conducting medication reconciliation. They can also message nurses and coordinate that way, looking over a chart to make sure that necessary items are completed for a patient's admission or discharge. It's different from remote patient monitoring, which is when a hospital staff member oversees patient vital signs or heart rhythms in a monitoring room and informs clinicians of any abnormalities.

Q: What has motivated implementation of this model?

A: The objective has been to reduce the bedside nurses' workload and to increase efficiency in hospitals. The context of this care model is that 1) We want to improve patient outcomes and workflow efficiency and 2) It's increasingly hard to recruit and retain nurses at the bedside due to high burnout and job dissatisfaction. This type of job could be more appealing to nurses who are looking to diversify the intensity or type of patient care they provide on their hospital units. Hospital care is intensive work, and one idea is that virtual nurses can decompress some of that work for bedside nurses.

Q: What led you to study it?

A: When I was an emergency department nurse during the COVID-19 pandemic, virtual nursing was being piloted at my workplace. Since then, it has been deployed pretty rapidly across the U.S. We still don't know a lot about the effectiveness of virtual nursing, and I was interested in studying what nurses said about these care models.

Q: What did you find?

A: The findings are mixed in terms of virtual nursing's impact on patient safety and nurse workload. In our study of 880 nurses who worked with virtual nurses, over half said that virtual nursing did not reduce their workload. Ten percent said that it worsened their workload. We also had nurses reporting their experiences first-hand through open-text responses. There were situations where

virtual nurses duplicated the work for bedside nurses. For example, virtual nurses frequently called the bedside nurse about a patient concern that had already been addressed. Bedside nurses also often had to fix documentation discrepancies in the electronic health record if a virtual nurse was unfamiliar with a patient's care plan or experience on the unit.

Q: What did you think of that finding?

A: Unsafe workloads are a top factor for nurses leaving health care jobs, so it's concerning when nurses say that virtual nursing is worsening it. We really want to proceed cautiously with a care model that could be exacerbating workloads. Ideally, care models would alleviate nurses' workloads during a time when burnout and job dissatisfaction is high among nurses. Many nurses in the study stated that they would prefer an additional bedside nurse in their workplace instead of a virtual nurse. Overall, I think this emphasizes how a foundation of safe bedside nurse staffing is essential before integrating virtual nurses on units.

Q: What did you learn about patients' perspectives on this model?

A: Patients come to hospitals for nursing care primarily. Patients get surgeries and specialty evaluations, but their nurses are the ones providing the majority of the care during the hospital stay. Nurses stated that patients were often confused about the role of the virtual nurse. One quote that stood out was about a patient actually taking a remote and trying to turn off the channel. They thought that [the virtual nurse] was a TV.

Technology challenges are common among any innovation in health care. There's a learning curve for patients and nurses with virtual nursing, and that also feeds into the trust factor. Patients need to be able to trust the care that they're getting. I think we're in the early stages where that's not completely smoothed out.

Q: Was there any good news?

A: Over half of nurses did say that virtual nursing improved their patient care quality. Only a fraction said that it was a substantial improvement in quality. Nurses were saying it's helpful to have a nurse to spend extra time educating a patient on why they're getting admitted, or to go over their medications, to help out the bedside nurse so that they can attend to the other tasks. So there might be a potential avenue where virtual nursing can help with the educational aspects of care when bedside nurses are already overextended and aren't able to spend a lot of time delving into specifics around a patient's care plan.

Q: What actions should administrators of hospitals already using these programs take, based on your findings?

A: It's exciting to identify care models that could potentially improve efficiency, workflow, and quality of patient care delivery. Nurses are often the clinician group implementing the majority of new care models and programs in hospitals. It makes sense because nurses are creative, innovative, and are great at testing interventions in real time. However, nurses in our study emphasized that they would prefer an additional bedside nurse on their unit rather than a virtual nursing program that exacerbated their workloads. Virtual nursing should be considered as an augmentation to nursing care after safe patient-to-nurse staffing ratios at the bedside have been implemented.

Q: What would you want hospitalist physicians to take away from your findings?

A: Physician colleagues can advocate for their nursing colleagues within hospitals. They understand that nurses are an essential component of patient safety and quality. Over two decades of evidence shows that hospitals with better nurse staffing ratios experience lower rates of adverse safety events and hospital readmissions. In other studies, physicians have reported that safer nurse staffing ratios in hospitals would reduce their burnout. In order for patients to have the best outcomes, nurses need to care for a manageable workload. Our study has generated a lot of buzz within the nursing community, and I think it's important for physician leaders to be aware of this technology, because oftentimes physicians are in the boardroom making decisions about nursing. ■

From ACP Hospitalist, February 2026,

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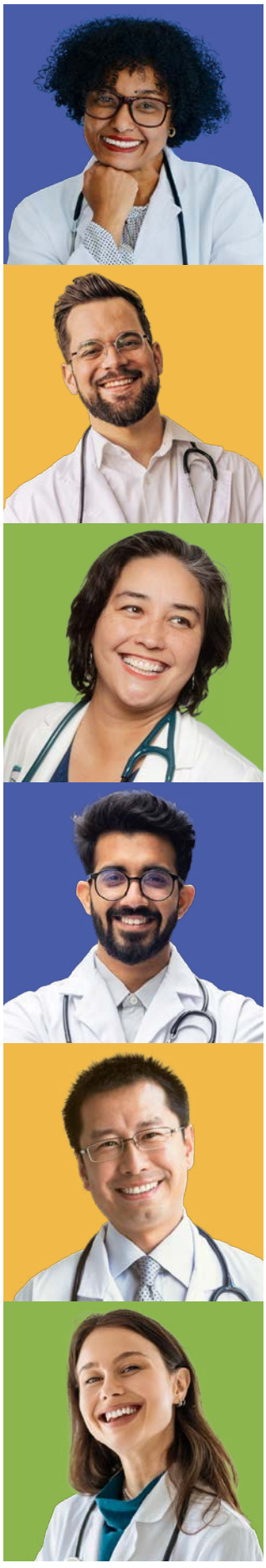

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